

Schizophrenia and psychotic syndromes

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Schizophrenia and related psychotic disorders are a chronic and often disabling condition. Despite modern treatment techniques they still present an enormous burden to the patients and their relatives and take a serious toll in terms of human suffering and societal expenditure.

The diagnosis of [schizophrenia](#) is associated with demonstrable alterations in [brain structure](#) and changes in neurotransmission, with increased dopamine action being directly related to typical positive symptoms such as [hallucinations](#) and delusions. Negative symptoms include restricted range and intensity of emotional expression, reduced thought and speech, and social withdrawal. In general, schizophrenia presents a bewildering complexity of symptoms in multiple domains in great heterogeneity across individuals and also variability within individuals over time.

Psychotic symptoms typically emerge in adolescence and early adulthood, although late-onset cases (in patients aged over 40 years) have been identified. Around 2-3% of adolescents and young adults will develop a [psychotic disorder](#), and many of them will experience successive episodes throughout their lives, with progressive deterioration that leaves them persistently symptomatic and functionally impaired. In most industrialised countries 1-2 years pass before adequate treatment is initiated. Research indicates that delayed access to health services and treatment is associated with slower or less complete recovery and increased risk of relapse in the subsequent 2 years (Falkai et al., 2005).

Even today psychotic disorders remain highly stigmatised, and despite

the young age of the patients and the long-term service dependence often are not prioritised in the agenda of public health.

More information: Falkai P, Wobrock T, Lieberman J, et al. World Federation of Societies of Biological Psychiatry (WFSBP) Guidelines for Biological Treatment of Schizophrenia. The World Journal of Biological Psychiatry 2005;6:132-191

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